



# VBS Registration

PLEASE COMPLETE ONE FORM PER CHILD

Ages 3 through Grade 5

**JUNE 11th - JUNE 15th**

**5:45 - 8:00 p.m.**

All children must be fully potty trained to attend VBS.

## PLEASE PRINT

Child First Name \_\_\_\_\_ Child Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Child's Grade (Fall 2017) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian Name \_\_\_\_\_

Parent's/Guardian Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Persons to be contacted in case of emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Does your child have any medical condition(s) that we should be aware of? \_\_\_\_\_

(allergies, medications, etc.) If so, please explain: \_\_\_\_\_

Siblings who will also be attending VBS \_\_\_\_\_

I would like to volunteer to help (name) \_\_\_\_\_ phone \_\_\_\_\_

The undersigned gives permission to his or her child to participate in the above named activity and releases Immaculate Conception Catholic Church, Auburn, its officers, employees, and volunteers from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify Immaculate Conception Catholic Church, Auburn, its officers, employees, and volunteers from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

I hereby consent to the use of photographs, movies or video tapes and the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of the Child named above by Immaculate Conception Catholic Church, Auburn. I also hereby release the Immaculate Conception Catholic Church, Auburn and its volunteers and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO THE PARISH OFFICE**